

# COLORADO MANDATORY DISCLOSURE STATEMENT

## *PSYCHOLOGIST*

**Purpose:** This statement is being provided to you so that you are aware of your rights as a patient who will be working with **Helen L. Coons, PhD, ABPP**, a Licensed Psychologist (PhD) in the state of Colorado.

### **Here is information regarding my professional background:**

Current Position: President and Clinical Director  
Women's Mental Health Associates & Health Psychology Solutions  
Denver, Colorado

Degrees: 1980 B.A. in Psychology. University of Wisconsin-Madison  
1985 M.S. in Psychology. University of Wisconsin-Madison  
1990 Ph.D. in Psychology (Clinical). Temple University, Philadelphia

CO License #: PSY.0004074

Board-Certification: 2007 Clinical Health Psychology, American Board of Professional Psychology.

### **About Licensed Psychologists in Colorado**

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. Listed below are the education and supervision requirements for licensed psychologists legally authorized to provide psychological services in Colorado:

- A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral experience practicing psychology under supervision, and pass an examination in psychology.

### **Patient Rights and Important Information**

- You are entitled to receive information from me about the methods used, the duration of your care (if known), and the fee structure.
- You can seek a second opinion from another provider or terminate care at any time.
- In a professional relationship (such as therapy or psychological testing), sexual intimacy is never appropriate and should be reported to the Colorado State Board of Psychologist Examiners.
- Except for certain legal exceptions, the information provided by and to a patient during therapy sessions or psychological testing is legally confidential and cannot be released without the patient's consent. Some of the exceptions to this confidentiality are listed in section 12-245-220 of the Colorado Revised Statutes and the HIPAA Notice of Privacy Rights you were provided as well as other exceptions in Colorado and Federal law. If a legal exception arises during therapy or psychological testing, if feasible, you will be informed accordingly.
- Your records may not be maintained after seven years pursuant to section 12-245-226 (1)(a)(II)(A).

If you have any questions or would like additional information, the clinic staff can provide you with documents specific to privacy, fee and billing structure, or clinic policies. Should you have further questions about your experience as a patient, the Mental Health Board can address questions or concerns. Any questions and/or complaints should be addressed to:

The Colorado State Board of Psychologist Examiners  
1560 Broadway, Suite 1350,  
Denver, Colorado 80202  
(303) 894-7800

### **Patient Acknowledgement, Agreement, and Consent:**

I have read the preceding information and I understand my rights as a patient or as the patient's responsible party.

\_\_\_\_\_  
Patient name (print)

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible party name & relationship  
(if applicable)

\_\_\_\_\_  
Responsible party signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Partner name (print)

\_\_\_\_\_  
Spouse/Partner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychologist name (print)

\_\_\_\_\_  
Psychologist signature

\_\_\_\_\_  
Date